



Health Survey for England 2015: Health, social care and lifestyles

Summary of key findings



Information and technology
for better health and care

14 December 2016

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This summary report may be of interest to people working in public health, policy officials, commissioners of health and care services and to the general public to see the prevalence of obesity and health related behaviours like smoking and drinking alcohol.

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About the Health Survey for England

The Health Survey for England (HSE) monitors trends in the nation's health and health related behaviours.

HSE provides information about adults aged 16 and over, and children aged 0 to 15, living in private households in England. The survey consists of an interview, followed by a visit from a nurse who takes a number of measurements and samples. Adults and children aged 13 to 15 were interviewed in person, and parents of children aged 0 to 12 answered on behalf of their children for many topics. Children aged 8 to 15 filled in a self-completion booklet about their drinking and smoking behaviour.

In 2015, to focus on the health of children aged 2 to 15, the sample size in this age group was increased and physical activity and well-being questions included. A total of 8,034 adults (aged 16 and over) and 5,714 children (aged 0 to 15) were interviewed. 5,378 adults and 1,297 children had a nurse visit.

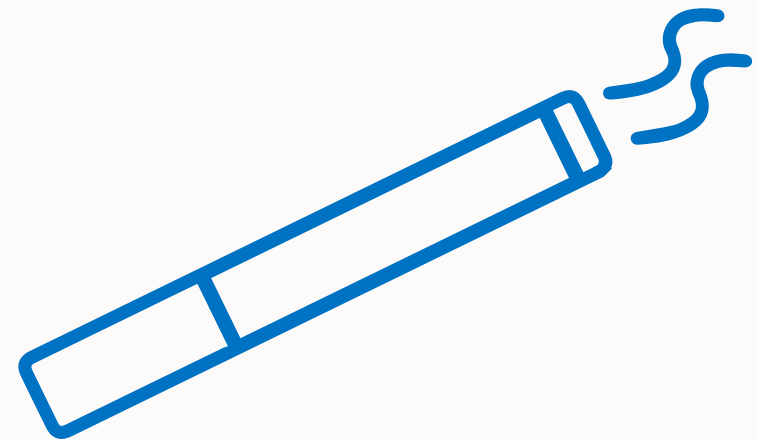


Adult cigarette smoking

Variations in smoking prevalence

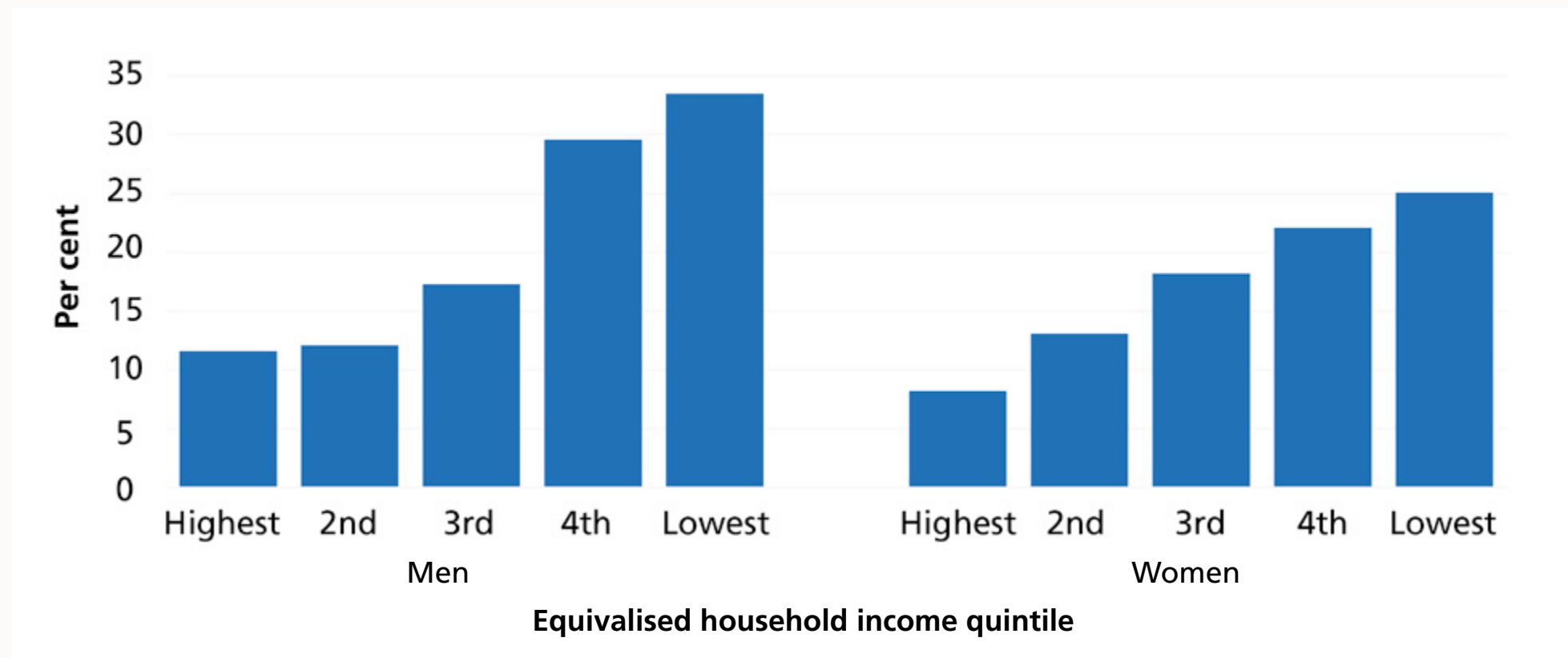
Tobacco use is a cause of preventable illness and premature death in England and worldwide.

- The prevalence of adult cigarette smoking has fallen steadily from 28% in 1998 to 18% in 2015.
- Men were more likely than women to be current smokers (19% of men and 17% of women).



Prevalence of current smoking, by equivalised household income and sex

- Prevalence varied by income: 29% of adults in the lowest income quintile were current smokers, almost three times as many as in the highest income quintile where 10% were current smokers.



The HSE uses 'equivalised household income', a measure that takes into account the number of people living in the household.

Base: Aged 16 and over
Source: NHS Digital

Use of e-cigarettes

More recently, e-cigarettes have become available and these may help smokers quit or reduce tobacco consumption. There are public health concerns over the uptake of e-cigarettes by non-smokers.

- In 2015, 5% of adults were currently using e-cigarettes. This is a small increase from HSE2013, when 3% of adults were current e-cigarette users.
- The prevalence of ever having used e-cigarettes was much higher among current smokers (40%). Only 1% of those who had never smoked had ever used an e-cigarette.



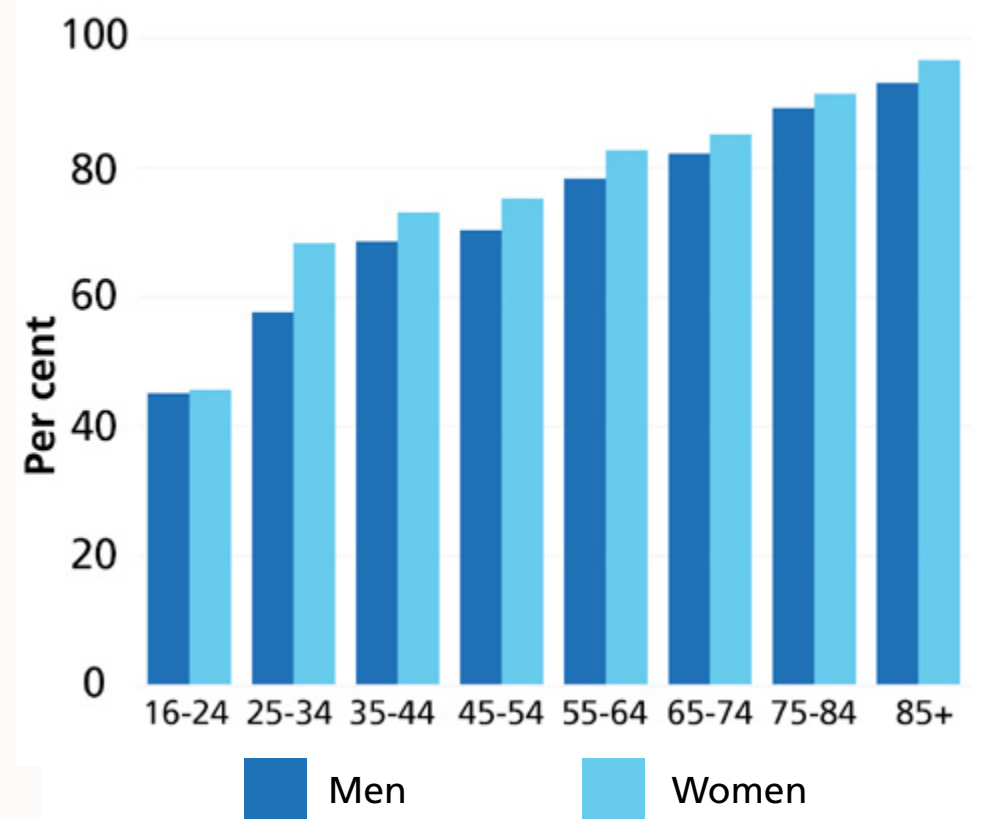
Exposure to secondhand smoke

All participants aged 16 and over were asked to estimate the total number of hours they were exposed to other people's smoke, and to state the locations where this occurred.

Exposure to secondhand (environmental) smoke was also assessed through cotinine levels, measured using saliva. Cotinine is a metabolite of nicotine. Low levels of cotinine are a marker of exposure to other people's smoke.

- Among non-smokers in 2015, 81% were not exposed to secondhand tobacco smoke, as measured by undetectable levels of saliva cotinine, higher than in HSE2013 when it was 75%.
- Self-reported regular exposure to secondhand smoke was highest among those aged 16-24; over half of this group reported some exposure.

Prevalence of reporting no exposure to secondhand smoke, by age and sex



Source: NHS Digital

Base: Aged 16 and over

Adult alcohol consumption

Adult alcohol consumption

Most adults in Britain drink alcohol, at least occasionally, and alcohol is part of British social life. Alcohol has been identified as a causal factor in many medical conditions, including cancers, cirrhosis of the liver, high blood pressure and depression. Additionally, alcohol increases the risk of accidents, violence and injuries. There is interest and concern about the impact of alcohol consumption among policy makers, health professionals and the general public.

The HSE has monitored alcohol consumption each year, and trend tables showing change over time can be found at <http://digital.nhs.uk/pubs/hse2015>. This section focuses on results for adults in 2015.



Frequency of drinking

- In 2015, a minority of adults (13% of men and 20% of women) had not drunk alcohol in the last 12 months.
- Over half (52%) of adults had drunk alcohol once a week or more often, with men more likely than women to do so (60% and 44% respectively).
- 15% of men and 9% of women drank alcohol on five or more days in the last week.



15%
of men

9%
of women

drank alcohol on five or
more days in the last week

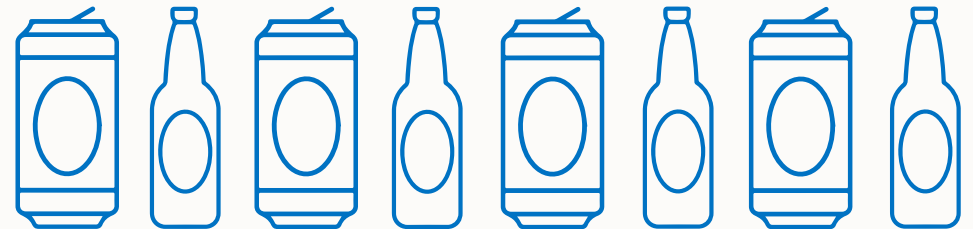
Weekly alcohol consumption

The current guidelines are that to keep health risks from alcohol to a low level, men and women should not regularly drink more than 14 units a week.

- On average in 2015, men drank a mean of 14.9 units in a usual week, and women drank a mean of 8.9 units.
- The majority, 55% of men and 64% of women, drank at levels considered to be at lower risk of alcohol-related harm (up to 14 units).
- 31% of men and 16% of women drank over 14 units in a usual week, placing them at an increased risk of alcohol-related harm.

31%
of men

16%
of women



drank over 14 units
in a usual week

Weekly alcohol consumption

- Drinking over 14 units in a usual week was most common among men and women aged 55 to 64 (41% and 24% respectively).
- Men and women in higher income households were more likely to drink over 14 units in a usual week (37% and 22% respectively) than were men and women in lower income households (29% and 9% respectively).



Adult overweight and obesity

Overweight and obesity

Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health. Obesity is associated with an increased risk of a number of common causes of disease and death including diabetes, cardiovascular disease and some cancers. For individuals classified as obese, the risk of poor health increases sharply with increasing BMI.

Successive governments have introduced a number of initiatives to tackle obesity in England.

The prevalence of overweight and obesity is indicated by body mass index (BMI) as a measure of general obesity, and/or waist circumference as a measure of abdominal obesity.

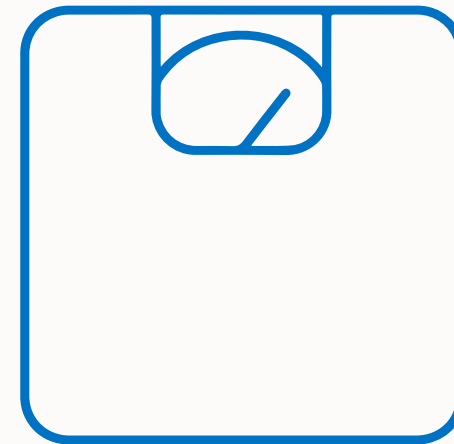
BMI, defined as weight in kilograms divided by the square of the height in metres (kg/m^2) was calculated in order to group people into the following categories:

BMI (kg/m^2)	Description
Less than 18.5	Underweight
18.5 to less than 25	Normal
25 to less than 30	Overweight, not obese
30 or more	Obese, including morbidly obese
40 or more	Morbidly obese

Overweight and obesity

- In 2015 over a quarter of adults (27% of men and women) were obese.
- A further 41% of men and 31% of women were overweight.
- The proportion of adults who are obese has been similar since 2010.
- Obesity prevalence varied with household income in women but not in men: 39% of women in the 2nd lowest household income quintile were obese, compared with 17% of women in the highest income quintile.

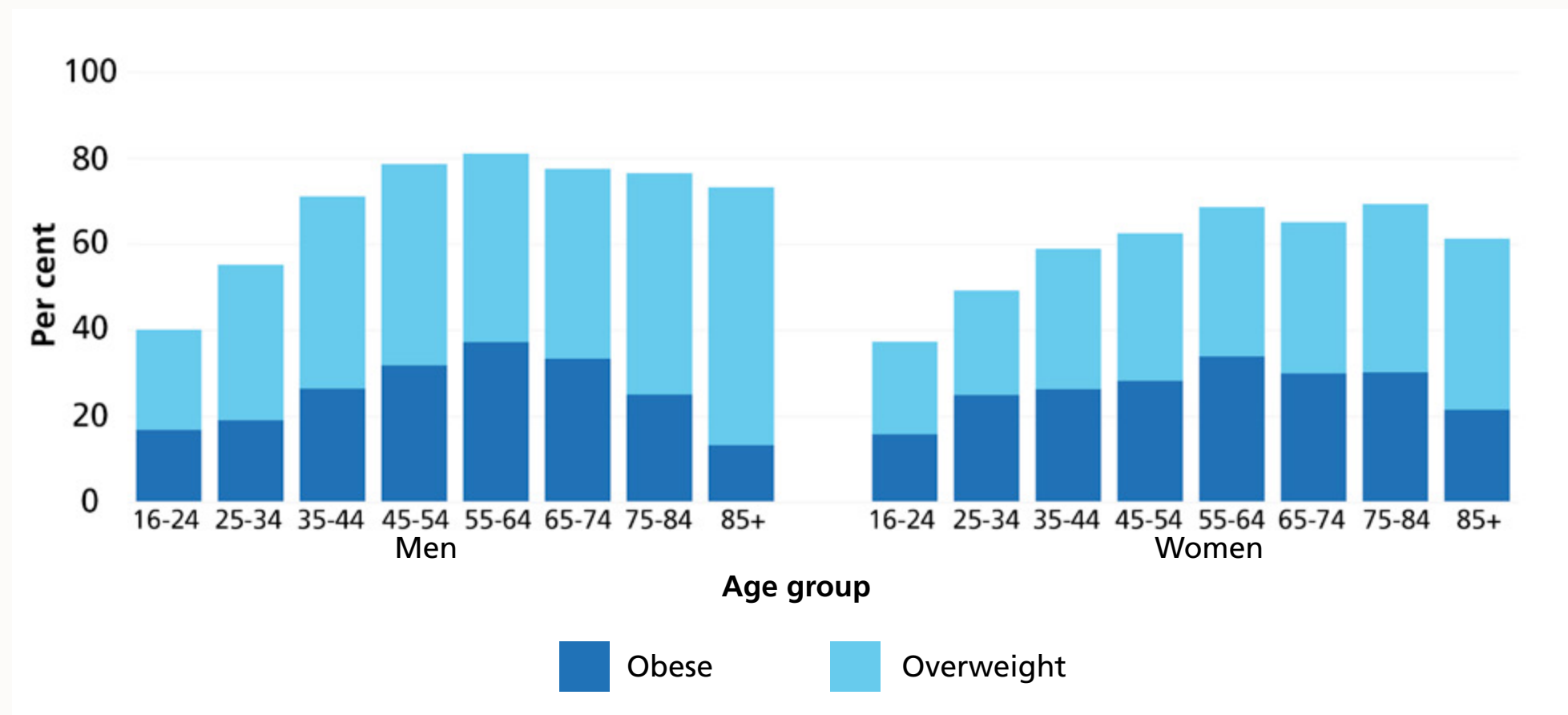
Over a quarter



of adults were obese

Prevalence of overweight and obesity, by age and sex

- Prevalence of both overweight and of obesity varied by age, particularly in men.



Source: NHS Digital

Base: Aged 16 and over

High waist circumference

For men, a high waist circumference is defined as 94–102cm, and very high as greater than 102 cm. For women, a high waist circumference is 80–88cm, and very high is greater than 88cm.

- Overall, 35% of men and 47% of women had very high waist measurements. This was more common in middle aged and older adults than it was among younger people.
- Abdominal obesity (very high waist circumference) varied with household income in both men and women: 55% of women in the 2nd lowest income quintile had a very high waist circumference, compared with 37% of those in the highest income quintile.

35%
of men

47%
of women

had a very high waist
circumference

Adult social care

Social care

Social care involves providing help with personal care and domestic tasks to enable people live as independently as possible. It lets people do the everyday things that most take for granted: things like getting out of bed, getting dressed and going to work; cooking meals; seeing friends; caring for their families; and being part of the community. Many who need care are older people, needing help because of problems associated with long-term physical or mental ill-health, disability or problems relating to old age.



Social care for older people

Questions on social care have been asked in the HSE since 2011. Participants aged 65 and over were asked whether they needed help with a list of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) listed below.

ADLs

Having a bath or a shower

Using the toilet

Getting up and down stairs

Getting around indoors

Dressing or undressing

Getting in and out of bed

Washing face and hands

Eating, including cutting up food

Taking medicine

IADLs

Doing routine housework or laundry

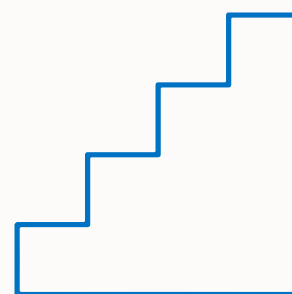
Shopping for food

Getting out of the house

Doing paperwork or paying bills

Need for and receipt of help among older people

- 21% of men and 30% of women aged 65 and over needed help with at least one Activity of Daily Living (ADL), and 22% and 33% respectively needed help with at least one Instrumental Activity of Daily Living (IADL).
- Overall, 9% of men and 13% of women aged 65 and over had received help with at least one ADL in the last month, and 15% and 26% respectively had received help with at least one IADL.
- The proportions of men and women who needed help, and who received help, with ADLs and IADLs increased with age.
- Not all those who needed help received any, and there was more unmet need with ADLs than IADLs. 17% of men and 26% of women aged 65 and over had some unmet need with at least one ADL, and 12% and 15% respectively had some unmet need with at least one IADL.



Need help with at least one ADL:

21% of men

30% of women



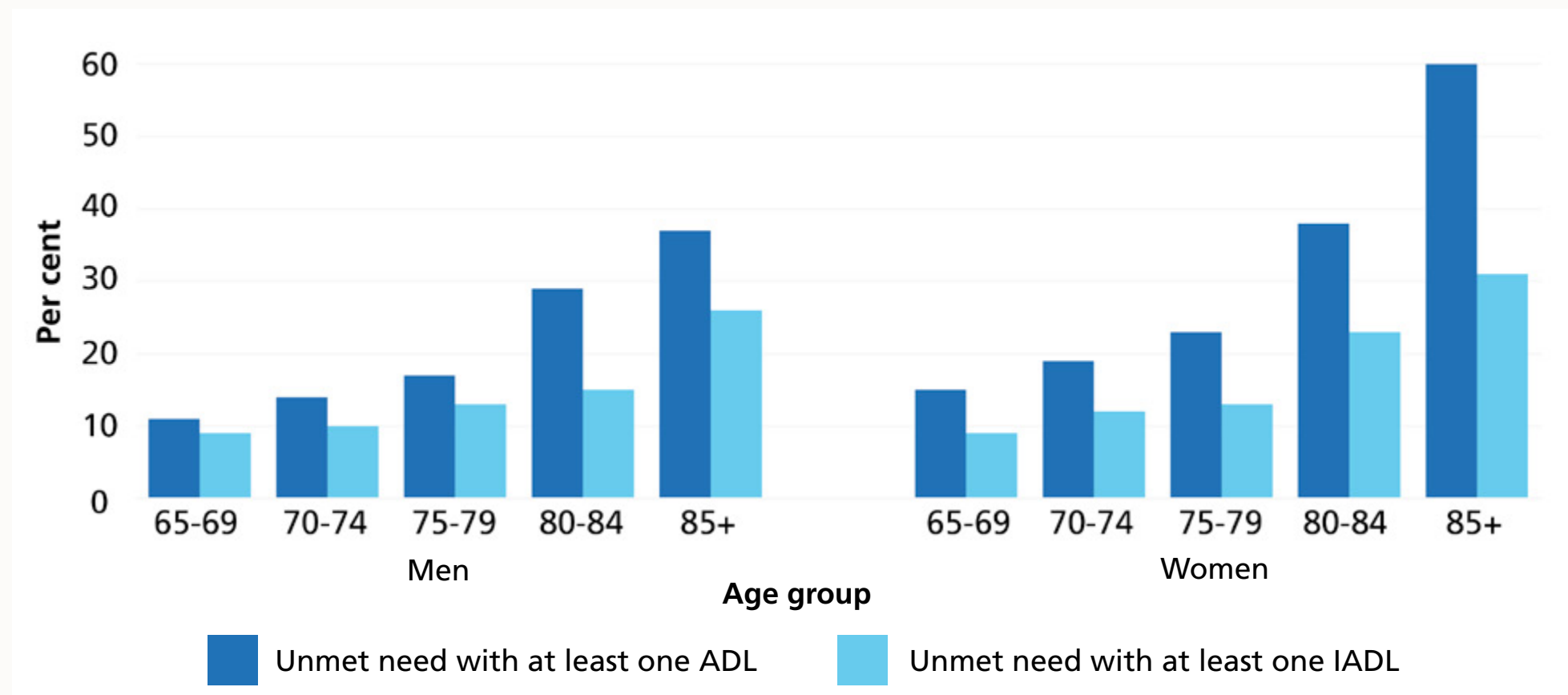
Need help with at least one IADL:

22% of men

33% of women

Unmet need: proportion who needed help with ADLs/IADLs, and received no help with them in the last month, by age and sex

- Levels of unmet need increased with age: 37% of men and 60% of women aged 85 and over had some unmet need for help with at least one ADL, and 26% of men and 31% of women had some unmet need for help with at least one IADL.



Source: NHS Digital

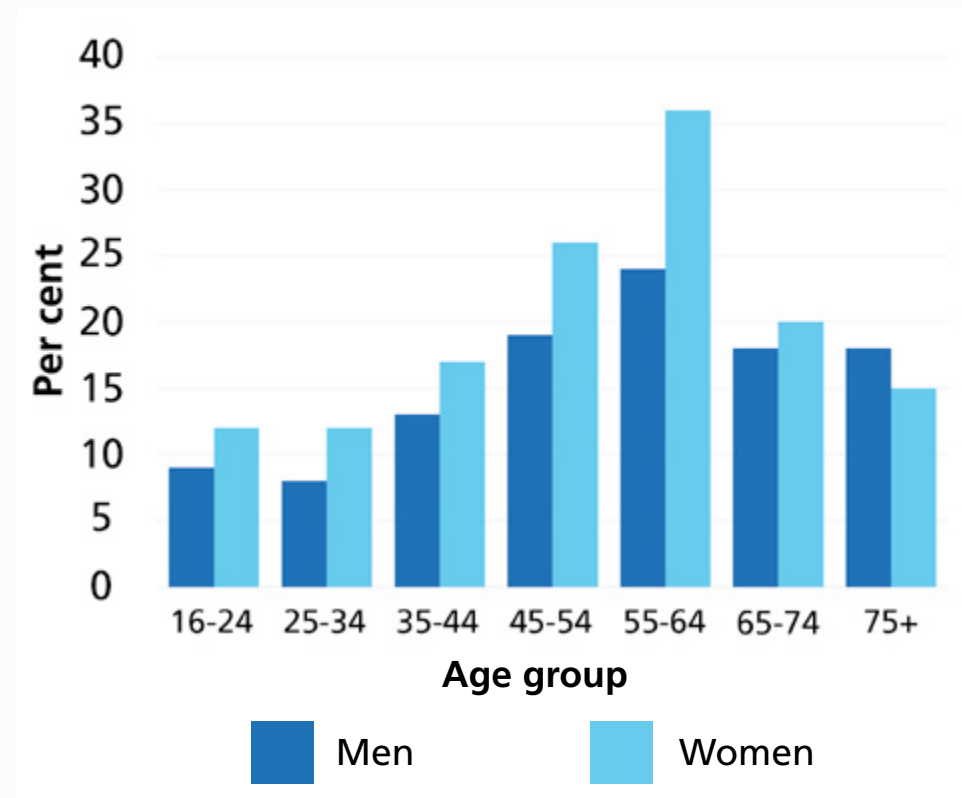
Base: Aged 65 and over

Adults providing care

All adults aged 16 and over were asked about providing unpaid care for others.

- Half of those who provided help and support said that they did so for between one and nine hours in the last week (52% of adults providing care). 28% of carers provided 10 or more hours of unpaid care in the last week.
- 18% of adults provided unpaid help or support to other people in the last month. Women were more likely to provide unpaid care than men (20% and 15% respectively). People in middle age groups were the most likely to be providing unpaid care.

Provision of unpaid care in the last month, by age and sex



Source: NHS Digital

Base: Aged 16 and over

Children's physical activity

Children's physical activity

Engaging in physical activity is important for children in the short-, mid- and long-term. Habits track from childhood to adulthood, so active children are less likely to suffer the adverse health consequences of physical inactivity in adulthood. Physical activity for children is critical for motor development, cognitive improvement, psychosocial health, cardio-metabolic health, reduced obesity, and can increase academic achievement.

Children (or their parents on their behalf) were asked to recall the days in the last week that they did any physical activity apart from during school hours (curriculum time). In addition, for the first time in HSE 2015, participants were asked about any activities such as walking, sports, exercise or other active things done in the last week while in a lesson at school, using the same format of questions as for all other activity types.

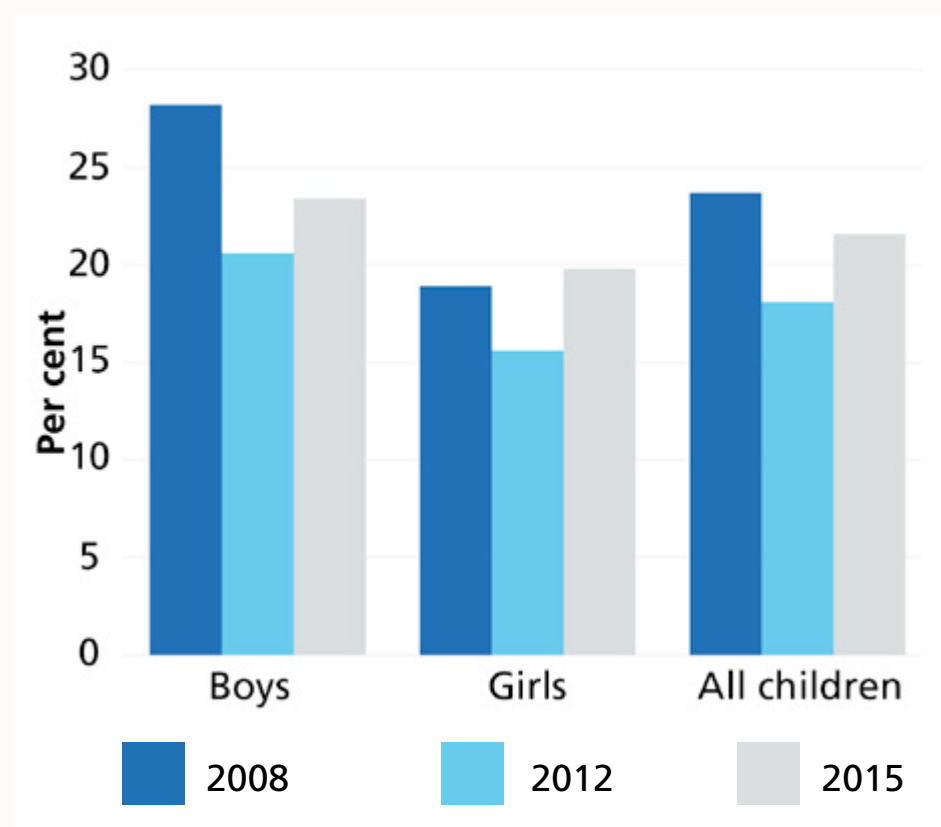


Children's physical activity

Children aged 5 to 15 are recommended to be at least moderately active for at least 60 minutes every day. Moderate intensity activities are described as those that make the participant warmer, breathe harder, or their heart beat faster.

- Excluding school-based activities, 22% of children aged 5 to 15 met the physical activity guidelines of being at least moderately active for at least 60 minutes every day (23% of boys, 20% of girls).
- This is higher than in 2012, when 21% of boys and 16% of girls met the guidelines.

Proportion meeting recommendations (excluding activities in school lessons) in 2008, 2012 and 2015



Source: NHS Digital

Base: Aged 5 to 15

Children's physical activity at school

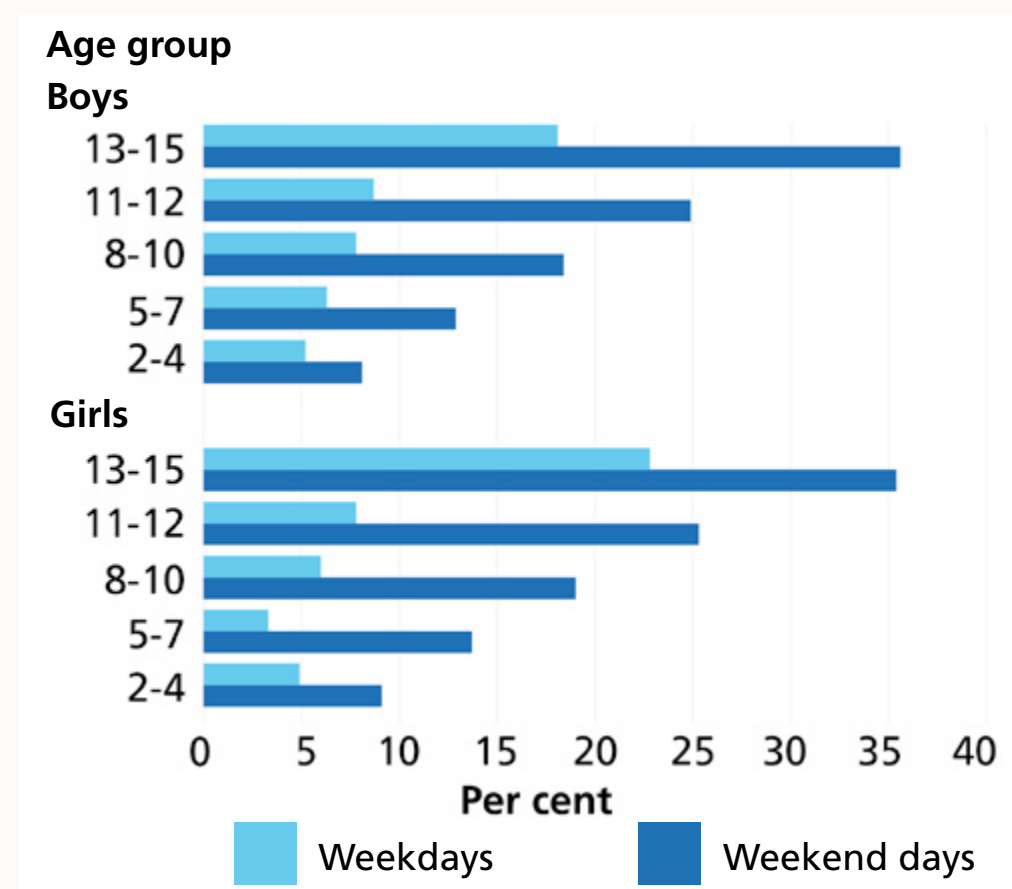
- Among children aged 5 to 15 who had attended school in the last seven days, around four in five children (79%) participated in activities such as walking and sports in the last week while in a lesson at school.



Children's sedentary time

- 9% of children aged 2 to 15 were sedentary, whether for TV viewing or other sedentary time (excluding time at school), for six hours or more per day on weekdays, 19% on weekend days.
- Time spent being sedentary both during the week and at weekends increased with age.

Proportion who were sedentary for 6 or more hours per day on weekdays and weekend days, by age and sex



Source: NHS Digital

Base: Aged 2 to 15

Children: overweight and obesity

Children: overweight and obesity

Childhood overweight and obesity can be linked with long-term and immediate health risks and is a public health concern. Obesity in childhood is directly associated with various health conditions, including asthma, diabetes and musculoskeletal problems. Obese children are also more likely to suffer from psychological problems and behavioural problems. Childhood and adolescent obesity can persist into adulthood, and adult obesity is a risk factor for cardiovascular disease, diabetes and some cancers. Being overweight or obese in childhood and adolescence has been linked to middle-age mortality and ill-health.



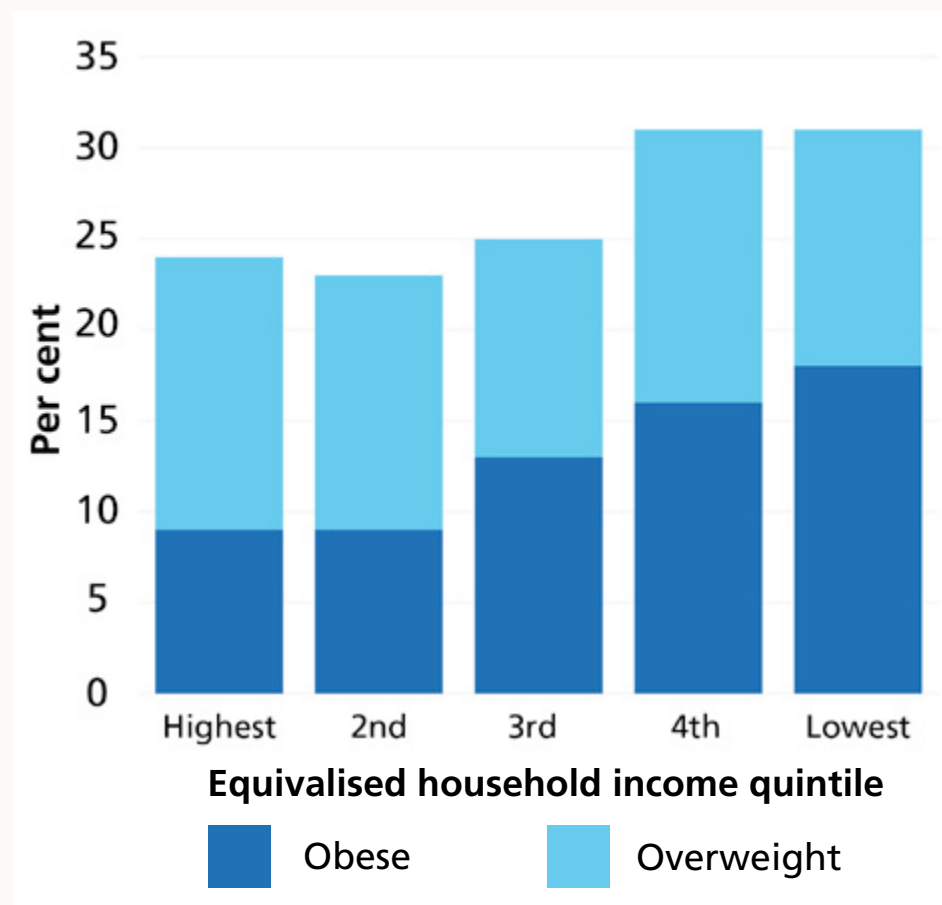
Children: overweight and obesity

The government's 2016 childhood obesity strategy aims to significantly reduce England's rate of childhood obesity within the next ten years.

- In 2015, 28% of children aged 2 to 15 were either overweight (14%) or obese (14%).
- 30% of boys were overweight, including obese compared to 26% of girls.
- Children from lower income households were more likely to be obese: 18% of children from households in the lowest income quintile were obese, compared with 9% of children living in households in the highest income quintile.

The HSE uses 'equivalised household income', a measure that takes into account the number of people living in the household.
Base: Aged 2 to 15 with valid height and weight measurements

Prevalence of obesity and overweight by equivalised household income



Source: NHS Digital

Children's perceptions of their own weight

- The majority of overweight and obese children were not aware that they were too heavy. Only 26% of overweight, including obese children aged 8 to 15 described themselves as too heavy, compared with 41% who said that they were about the right weight and 33% who said they were not sure.

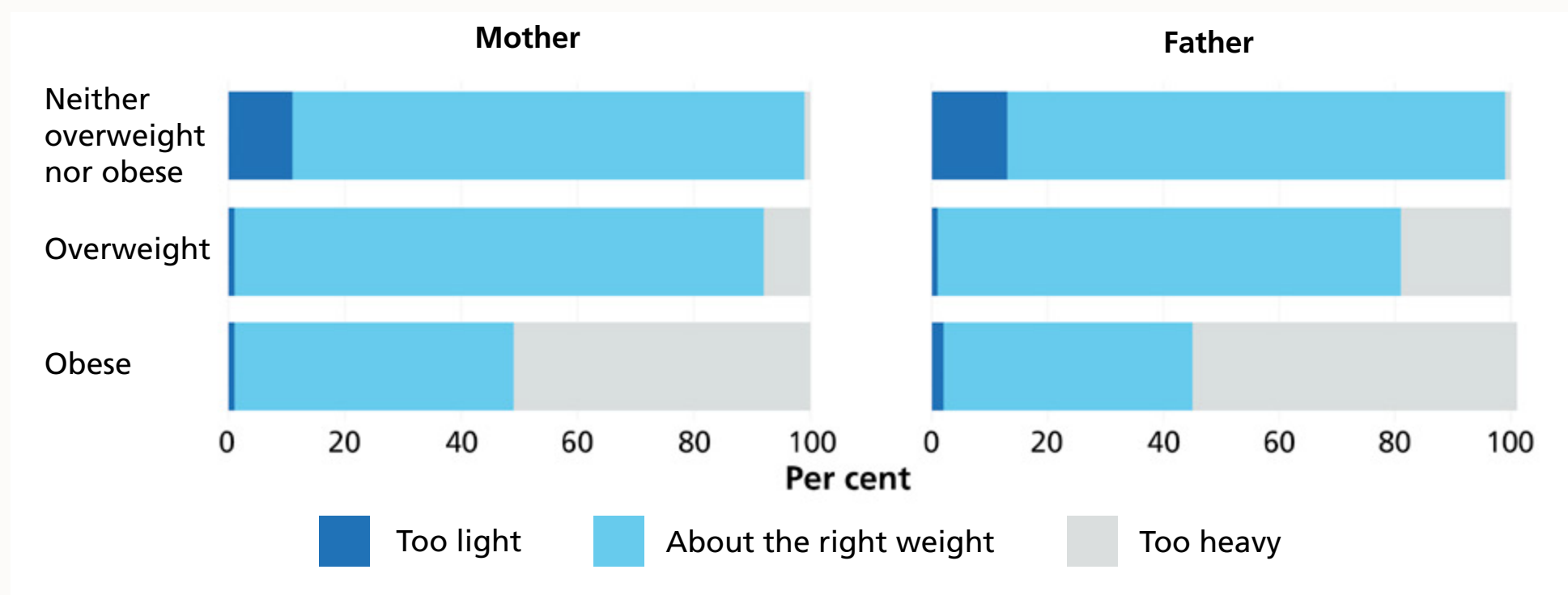
Of overweight, including obese children:

26% described themselves as too heavy

41% described themselves as about the right weight

Parent's perception of child's weight, by child's BMI status

- The majority of overweight children were described as being about the right weight by their mothers (91%) and fathers (80%).
- Just over half of mothers (51%) and fathers (56%) of obese children described their child as too heavy. However, 48% of mothers and 43% of fathers said their obese child was about the right weight.



Source: NHS Digital

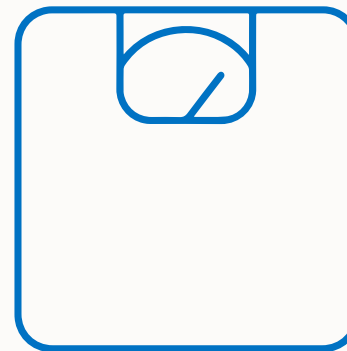
Base: Aged 4 to 15 with valid height and weight measurements

Children trying to change their weight

- The majority of children aged 8 to 15 were not trying to change their weight (69%).
- Around a quarter (24%) of children aged 8 to 15 were trying to lose weight. 60% of obese children were trying to lose weight and 38% of overweight (but not obese) children were trying to lose weight.

Around a quarter

quarter



of children
were trying
to lose
weight

Children's smoking and exposure to other people's smoke

Smoking prevalence among children

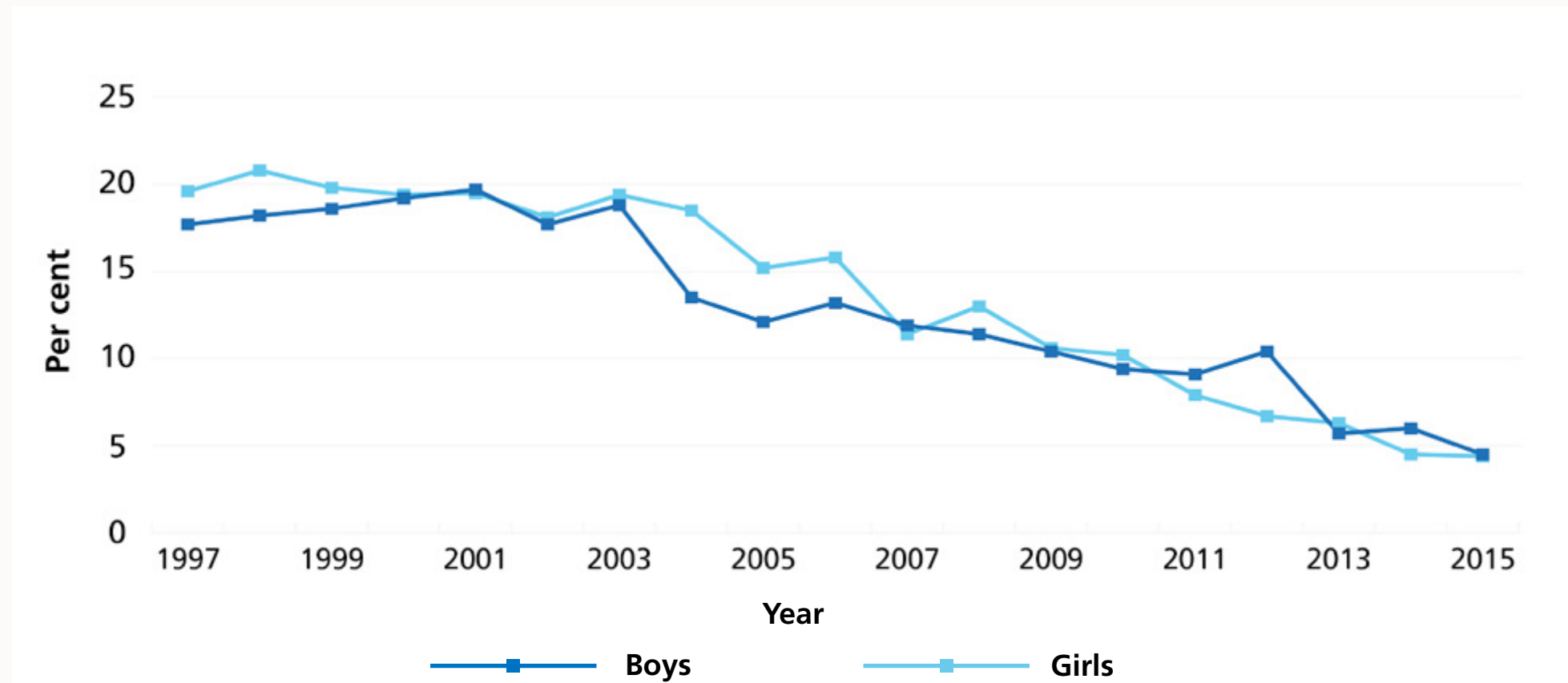
People who start smoking at a young age have higher age-specific rates for all types of tobacco-related cancers, linked primarily to their earlier exposure to the harmful toxins from cigarettes. Young smokers also experience more short and long-term respiratory symptoms than their non-smoking peers. Those who start smoking during childhood are more likely to continue smoking as adults, and less likely to give up than those who start smoking in later life.

- 1% of children aged 8 to 15 in the years 2014 and 2015 reported that they smoked regularly (at least one cigarette per week).



Proportion of children who had ever smoked cigarettes, by sex and survey year

- The proportion of children aged 8 to 15 who reported that they had ever smoked a cigarette has decreased steadily from 19% in 2003 to 4% in 2015.



Source: NHS Digital

Base: Aged 8 to 15

Children's use of non-tobacco nicotine delivery products

- In 2015, 6% of all children aged 13 to 15 reported current or previous use of a non-tobacco nicotine delivery product (including e-cigarettes).
- Over one-third of children (38%) aged 13 to 15 who had ever smoked a cigarette reported current or previous use of a nicotine delivery product, but use amongst children who had never tried a cigarette was rare at 2%.



6%

of children aged 13 to 15 reported current or previous use of a non-tobacco nicotine delivery product

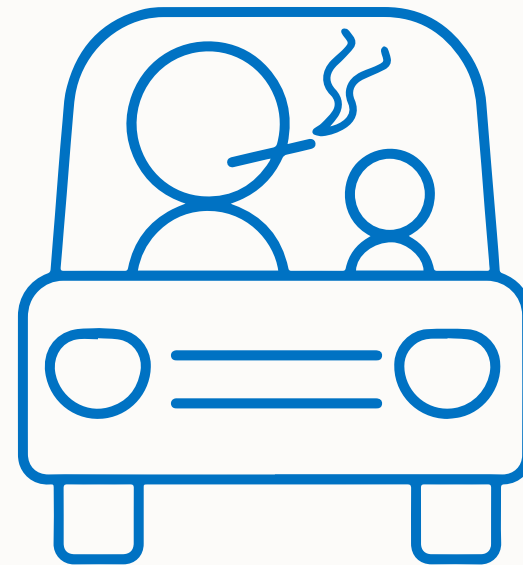
Children's exposure to other people's smoke

Children are particularly at risk from the effects of secondhand tobacco smoke, as they have more rapid respiratory rates, so they take proportionately more secondhand smoke into their lungs than adults. Their developing organs are also at greater risk from exposure to toxins.

Cotinine, a metabolite of nicotine, provides an indicator of recent exposure to tobacco or its smoke. Saliva samples were taken from children aged 4 to 15 during the nurse visit and were analysed for cotinine. Low levels of cotinine are a sensitive marker of exposure to other people's smoke.

- Among non-smoking children aged 4 to 15, 34% of boys and 38% of girls had detectable levels of cotinine in 2014/2015, indicating exposure to other people's smoke.

- Mean cotinine levels were higher (indicating more exposure to secondhand smoke) for children from lower income households, for children living in households where one or more people smoked in the home on most days, and for children with one or more parents who currently smoked cigarettes.



Children's alcohol consumption

Children's alcohol consumption

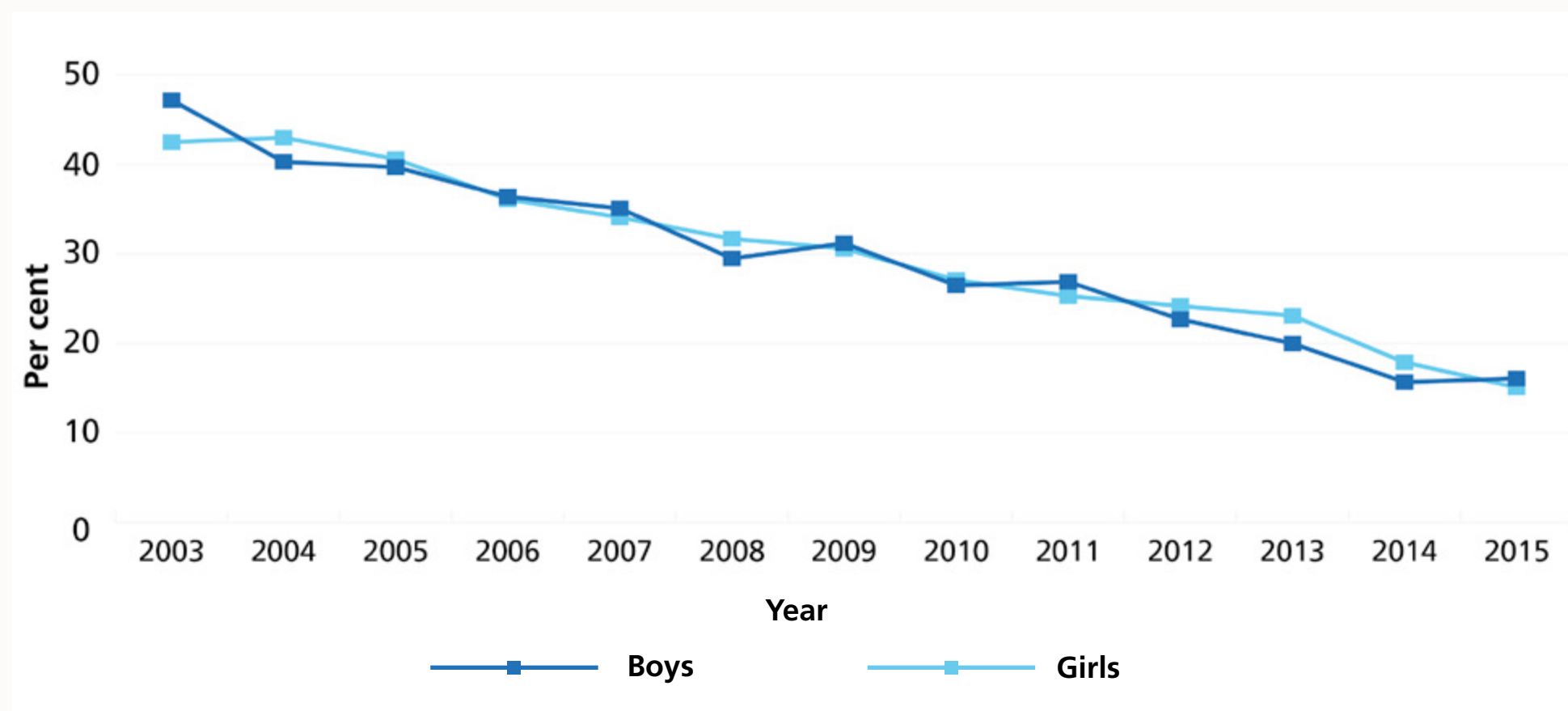
The Chief Medical Officer's guidance on consumption of alcohol by children and young people is that alcohol consumption during any stage of childhood can have a detrimental effect on development, and young people may have a greater vulnerability than adults to the harmful effects of alcohol use. Therefore an alcohol-free childhood is the healthiest and best option. If children do drink alcohol, it should not be until at least the age of 15 years.

There is evidence that drinking by under 16s has been falling.



Experience of drinking alcohol by children aged 8 to 15, by sex and survey year

- In HSE 2015, 16% of children aged 8 to 15 reported having experience of drinking alcohol. This is the lowest level ever reported in HSE, down from 45% in 2003.



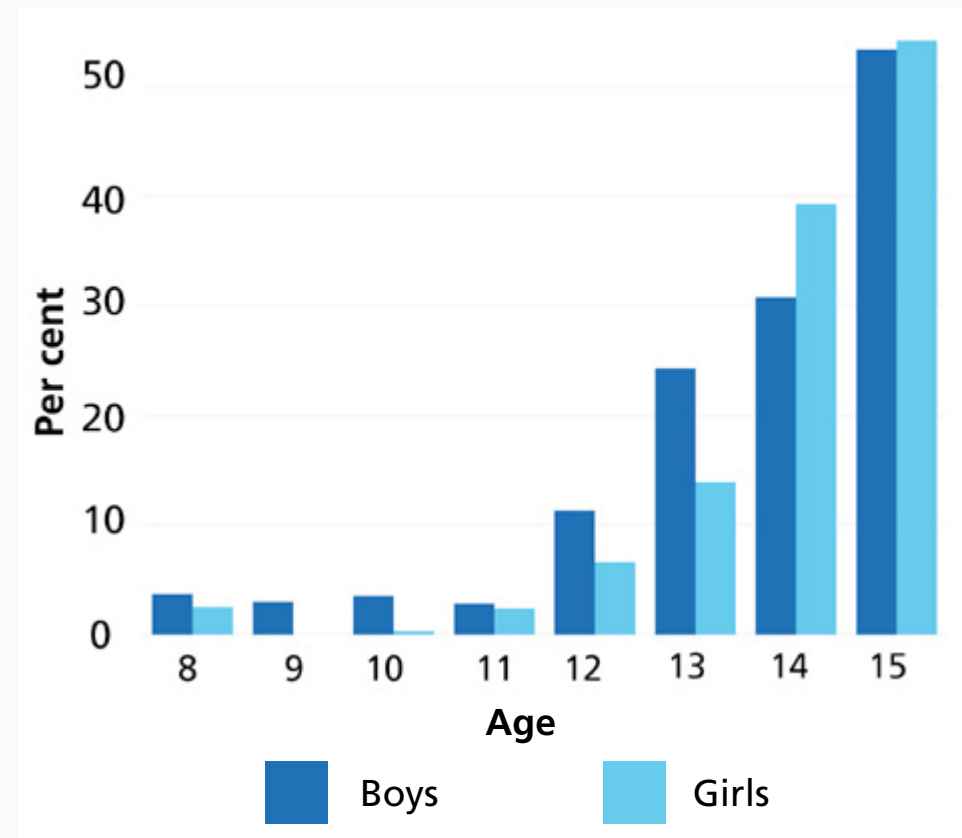
Source: NHS Digital

Base: Aged 8 to 15

Children's experience of drinking alcohol by age

- The proportion of children who reported ever having had a proper alcoholic drink (a whole drink, not just a sip) increased with age, from 4% of boys aged 8 to 53% of boys aged 15, and from 2% of girls aged 8 to 54% of girls aged 15.

Proportion of children who have had experience of drinking alcohol, by age and sex



Source: NHS Digital

Base: Aged 8 to 15

Children: frequency of drinking alcohol

- Regular drinking by children was rare. 1% of both boys and girls aged 8 to 15 reported usually drinking once a week or more. The proportion who reported drinking once a week or more increased from fewer than 1% of both boys and girls aged 8, to 5% of boys and 4% of girls aged 15.
- 5% of both boys and girls aged 13 to 15 reported drinking alcohol in the last seven days. Boys were more likely than girls to have drunk beer, lager, cider or shandy (5% compared with 3%), whereas girls were more likely than boys to have drunk wine (2% compared with 1%).



Well-being of 13 to 15 year olds

Well-being of 13 to 15 year olds

In recent years, there has been increasing policy interest in well-being. Mental well-being is not just the absence of mental ill health; it includes the way that people feel about themselves and their lives.

Children's well-being is seen as encompassing a number of dimensions, including a combination of objective measures (for example, economic, social, health and educational indicators), as well as subjective assessments of physical, emotional and social aspects of children's lives. Children's well-being is seen as an important determinant of their future lives.

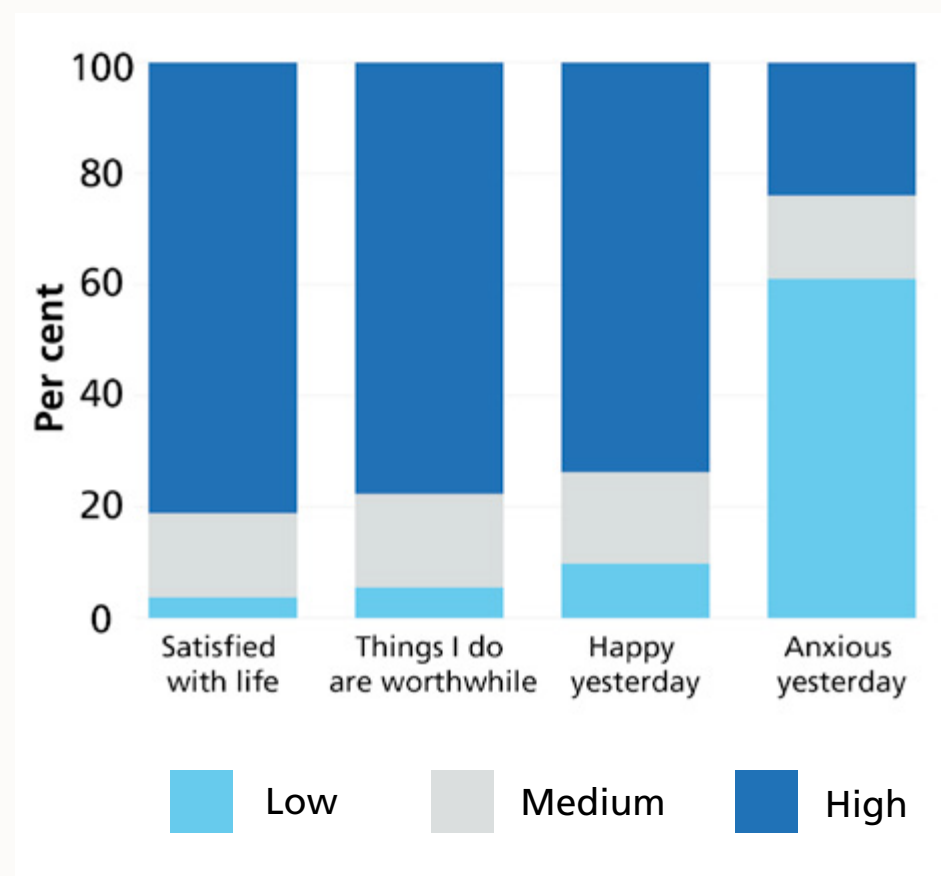


Well-being of 13 to 15 year olds

This is the first time HSE has collected data about teenagers' mental and personal well-being. Two instruments were used to measure the well-being of children aged 13 to 15; the Warwick Edinburgh Mental Well-Being Scale (WEMWBS) and four measures of well-being developed by the Office for National Statistics.

- In 2015, the mean Warwick Edinburgh Well-being Scale score among 13 to 15 year olds was 51.4. This was similar for boys and girls and across ages.
- The majority of 13 to 15 year olds had high or very high scores on the ONS measures of life satisfaction (81%), feeling that the things they did were worthwhile (78%) and feeling happy yesterday (74%). More than half (61%) also reported low or very low ratings for feeling anxious yesterday.

Well-being of 13 to 15 year olds

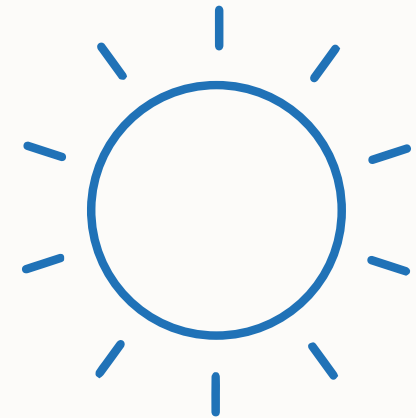


Source: NHS Digital

Base: Aged 13 to 15

Well-being of 13 to 15 year olds

- Well-being was associated with whether or not 13 to 15 year olds had ever smoked or ever drunk alcohol. Children who had never smoked reported higher levels of well-being than those who had ever done so. Similarly, children who had not drunk alcohol reported higher levels of wellbeing than those who had drunk alcohol. It is not possible within HSE to explore the nature of these relationships; for example, whether children with higher levels of well-being are more likely to resist these behaviours or whether smoking and drinking at a young age promotes poorer well-being.



References and more data

This booklet is a summary of the findings from Fuller E, Mindell J, Prior G (eds). Health Survey for England 2015: Health, social care and lifestyles. This booklet and the full publication including details about the survey design, methods and questions are available at <http://digital.nhs.uk/pubs/hse2015>.

Trend tables for adults and children showing data for available years between 1993 and 2015 on key health measures and behaviours are published with a commentary report at <http://digital.nhs.uk/pubs/hse2015trend>.

Reports on surveys from 2004 onwards are available at <http://content.digital.nhs.uk/searchcatalogue?q=HSE>.

Copies of the anonymised datasets for each survey since 1993 are available through the UK Data Service at <http://discover.ukdataservice.ac.uk/series/?sn=2000021>. These cover all the questions asked, not just those covered in the reports, and full documentation including a list of all the variables and derived variables.

Who carries out the Health Survey for England?

The HSE is commissioned by NHS Digital. It has been carried out since 1994 by NatCen Social Research and UCL.

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